



**AUSCYCLING**

## **CONCUSSION POLICY**

**Version 1.2 | 9 June 2023**

<b>Policy Owner</b>	CEO	<b>Adopted/ Approved by</b>	CEO Group
<b>Controlled Document No./ CM Reference</b>	AC_OP_011	<b>Date</b>	2/9/2020
<b>Update Date</b>	09/06/2023	<b>Updated by</b>	Dr Kevyn Hernandez Chief Medical Officer
<b>Update Description</b>	2/9/2020: Policy re-branding and review  9/6/2023: Policy updated to reflect best practice learnings from 2023 Commonwealth Government Senate Review of <i>Concussions and repeated head trauma in contact sports</i> .		

## 1. Introduction

AusCycling takes rider safety and well-being seriously and has developed a policy for coaches, instructors, officials, riders and parents on concussion management. All disciplines of cycling have inherent risk and falls from bikes during competition, training and recreational riding can and do occur.

The Concussion Policy ('policy') provides guidelines on dealing with concussions at organised events, coaching and skill instruction sessions and training. This policy should not replace the advice of a registered medical practitioner. Any rider who feels they may have a head or neck injury should see immediate expert medical advice.

## 2. What is Concussion?

Concussion is a traumatic brain injury, induced by biomechanical forces to the head, or anywhere on the body which transmits an impulsive force to the head. It causes short-lived neurological impairment and the symptoms may evolve over the hours or days following the injury. Evidence points towards a series of interrelated biochemical and physiological changes that impair neuronal function. **Rest** followed by gradual return to activity is the main treatment.

## 3. Training or Competition Management

Recognising a concussion is critical to correct management and prevention of further injury. The following section provides the protocols to be followed if there is an incident there where is a potential for a concussion.

### 3.1. Medical Practitioner Present

The medical practitioner at the venue should assess the injured rider. If they decide the rider is concussed, this individual must not resume participating on the same day under any circumstances. If the rider is also an accredited coach or official, they are not to resume their coaching/ officiating duties until cleared to do so. The rider must adhere to the return to play protocols outlined in diagram 1 in section 4 below.

If the medical practitioner decides the rider is not concussed, they can resume participating as soon as they feel ready. This individual should be monitored in case signs or symptoms of concussion develop.

If the medical practitioner is present but does not witness the incident or is not involved in the immediate assessment the medical practitioner will carefully consider the reports of the immediate first aid responders including any CRT5 score/ red flag concerns. Medical practitioners at all times are encouraged to approach head injury assessment from a conservative point of view, not only for the safety of the affected rider but also possible risk to fellow competitors of a rider resumes when is unsafe to do so.

A concussion must be reported to AusCycling by the club or event officials.

### 3.2. No Medical Practitioner Present

If there is not a medical practitioner at the venue the Concussion Recognition Tool below is designed to help those without medical training detect concussion. Any rider with a suspected concussion or with a damaged helmet (cracked or compressed) be **immediately removed from training/racing** and not return until assessed by a medical doctor.

A concussion must be reported to AusCycling by the club or event officials.

## CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults



FIFA®

Supported by



FEI

### RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

#### STEP 1: RED FLAGS — CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

#### Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

#### STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

© Concussion in Sport Group 2017

#### STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

#### STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:

- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

#### Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

The CRT5 may be freely copied in its current form for distribution to individuals, teams, groups and organisations. Any revision and any reproduction in a digital form requires approval by the Concussion in Sport Group. It should not be altered in any way, rebranded or sold for commercial gain.

**ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE**

© Concussion in Sport Group 2017

Source: <https://sma.org.au/resources-advice/concussion/>

## 4. Managing Concussions

Managing a concussion is shared responsibility between the rider, coach, instructor, parents and medical practitioner. A rider who has suffered a concussion should return to sport gradually. They should increase their exercise progressively as long as they remain symptom free following the stages outlined in diagram 1 below.

### 4.1. Medical Assessment of Concussion

The diagnosis of concussion should be made by a medical practitioner familiar with concussion as a phenomenon in sport. In diagnosing concussion, medical practitioners should conduct a clinical history and examination that includes a range of domains such as mechanism of injury, symptoms and signs, cognitive functioning and neurological assessment, including balance testing.

### 4.2. Adults Over 18 Years of Age

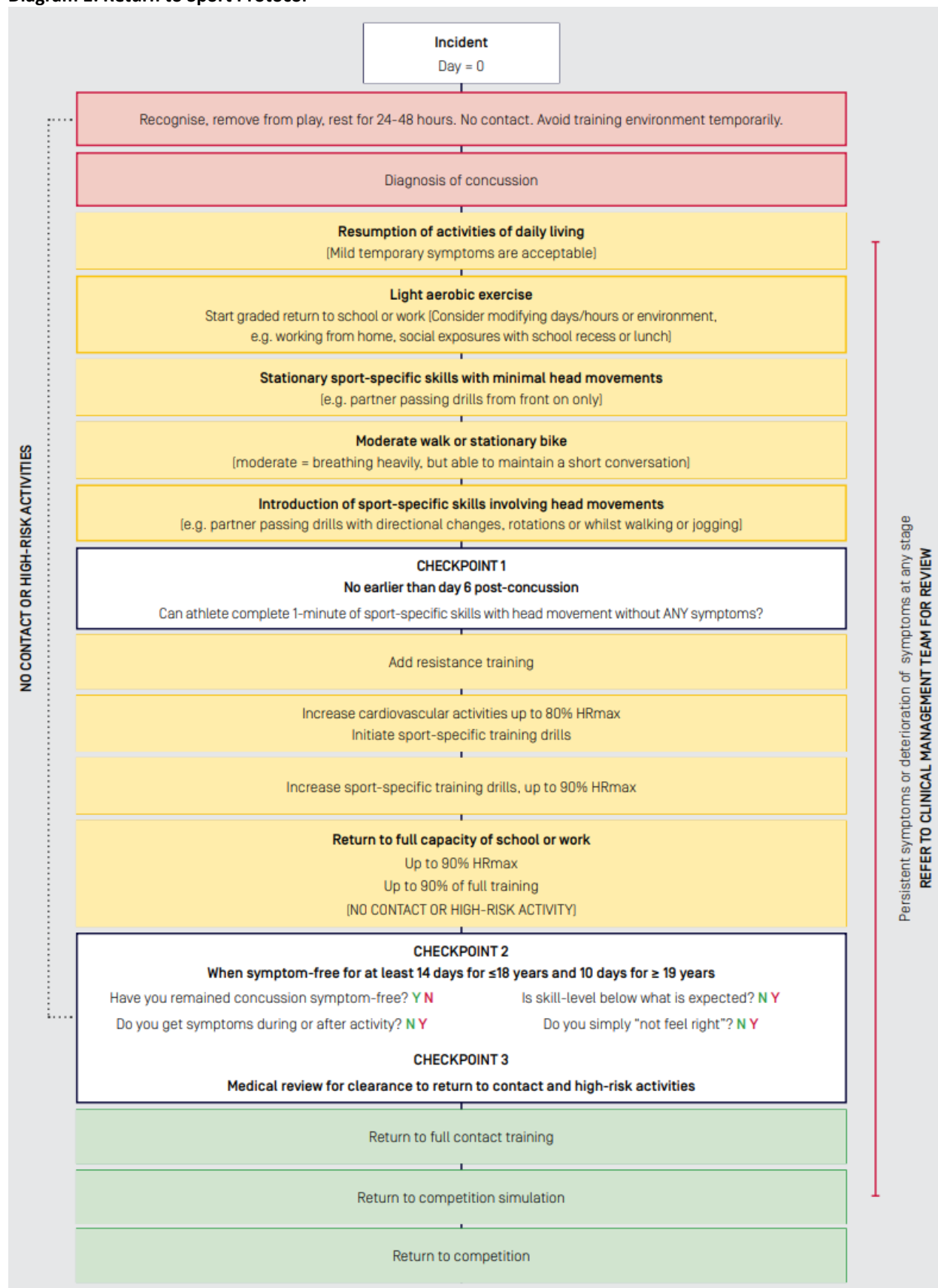
Head injury advice should be given to all riders with concussion and to their carer(s). Any rider with suspected or confirmed concussion should remain in the company of a responsible adult and not be allowed to drive. They should be advised to avoid alcohol and check medications with their doctor. Specifically, they should avoid aspirin, non-steroidal anti-inflammatory drugs, sleeping tablets and sedating pain medications.

Once the diagnosis of concussion has been made, immediate management is physical and cognitive rest. This may include time off school or work and relative rest from cognitive activity. Having rested for 24-48 hours after sustaining a concussion, the patient can commence a return to light intensity physical activity **under medical guidance**, as long as such activity does not cause a significant and sustained deterioration in symptoms. It is important to note that a graduated return to sport is critical. Medical clearance to take part in contact and high-risk activity should only occur **after at least 10 symptom free days** have occurred in individuals  $\geq 19$  years of age (*Checkpoint 2 + Checkpoint 3* in Diagram 1)

### 4.3. Children 18 Years of Age and Under

Children and adolescents take longer to recover from concussion. The approach to management should be more conservative than for adults, with the graduated return to sport protocol extended so that the child does not receive full clearance to return to contact sport and high-risk activity **until at least 14 days from resolution of symptoms**. Return to learn should take priority over return to sport.

Diagram 1: Return to Sport Protocol



Source: <https://www.concussioninsport.gov.au/home>

## 5. Staff Roles and Responsibilities

Concussion diagnosis and management is a medically-driven condition, involving and relying on input from the coach and Athlete Health Lead/Physio, depending on the level of medical servicing available at the time of incident.

Step 1	Step 2	Step 3	Step 4	Step 5
Incident and possible concussion ID	Formal Diagnosis	Management Plan	Return to Training	Return to Competition
<b>ACT CMO/ other doctor</b>	<b>ACT CMO/ other doctor</b>	<b>ACT CMO/ other doctor</b>	<b>1) ACT CMO/ other doctor</b>	<b>1) ACT CMO/ other doctor</b>
(Coach (Athlete Health Lead/Physio)  On the ground team/treating doctor Inform next kin of possible head injury with consent from athlete)	(Athlete Health Lead/Physio)  – in consultation with doctor; implement SCAT5	Athlete Health Lead/ Physio (Coach)	Initial clearance and guidance	Final clearance and guidance



Further resources: <https://concussioninsport.gov.au/home>  
<https://bjsm.bmj.com/content/bjsports/51/11/838.full.pdf>

## 6. Return to Racing, Competition, Coaching and Official Duties

A suspected/ confirmed concussed rider must obtain a medical clearance from a qualified medical doctor before returning to any cycling activities. It is the rider's / parent or guardian's (if rider is under-age) responsibility to ensure that the rider is medically cleared before returning to cycling activities.

1. An AusCycling Incident Report must be sent to AusCycling by coach (training) or Commissaire (event) using the 'Incident Report Form' via email to [membership@auscycling.org.au](mailto:membership@auscycling.org.au)
2. AusCycling will record the concussion on the individuals members (rider) profile and they will be medically suspended from all activities until medical clearance is received.
3. Once clearance is received it is to be emailed to [membership@auscycling.org.au](mailto:membership@auscycling.org.au)
4. Upon receipt of the medical clearance, AusCycling will remove the suspended members medical list.
5. The individual will be permitted to return to all activities.

### Relevant Resources

<https://sma.org.au/resources-advice/concussion/>  
<https://www.concussioninsport.gov.au/home>

END

**LET'S RIDE TOGETHER**